

ISSUE SLIP STAPLE AREA (for additional cross references)

SECTION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		60	3-30-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/01/01
2	✓	✓	10/01/01
3	✓	✓	10/01/01
4	✓	✓	10/01/01
5	✓	✓	10/01/01
6	✓	✓	10/01/01
7	✓	✓	10/01/01
8	✓	✓	10/01/01
9	✓	✓	10/01/01
10	✓	✓	10/01/01
11	✓	✓	10/01/01
12	✓	✓	10/01/01

Claim	Final	Original	Date
13	✓	✓	10/01/01
14	✓	✓	10/01/01
15	✓	✓	10/01/01
16	✓	✓	10/01/01
17	✓	✓	10/01/01
18	✓	✓	10/01/01
19	✓	✓	10/01/01
20	✓	✓	10/01/01
21	✓	✓	10/01/01
22	✓	✓	10/01/01
23	✓	✓	10/01/01
24	✓	✓	10/01/01
25	✓	✓	10/01/01
26	✓	✓	10/01/01
27	✓	✓	10/01/01
28	✓	✓	10/01/01
29	✓	✓	10/01/01
30	✓	✓	10/01/01
31	✓	✓	10/01/01
32	✓	✓	10/01/01
33	✓	✓	10/01/01
34	✓	✓	10/01/01
35	✓	✓	10/01/01
36	✓	✓	10/01/01
37	✓	✓	10/01/01
38	✓	✓	10/01/01
39	✓	✓	10/01/01
40	✓	✓	10/01/01
41	✓	✓	10/01/01
42	✓	✓	10/01/01
43	✓	✓	10/01/01
44	✓	✓	10/01/01
45	✓	✓	10/01/01
46	✓	✓	10/01/01
47	✓	✓	10/01/01
48	✓	✓	10/01/01
49	✓	✓	10/01/01
50	✓	✓	10/01/01

Claim	Final	Original	Date
101			
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Best Available Copy

If more than 150 claims or 10 actions  
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